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TITLE: Clients' Understanding of the Role of Nurse Practitioners

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Abstract

Introduction: Nurse Practitioners (NPs) have an emerging role in the Australian healthcare system. However, there remains a dearth of available data about public understanding of the NP role.

Aim: To evaluate clients' understanding of the role of the NP and their satisfaction with education received, quality of care and NP knowledge and skill.

Method: All authorised NPs working in a designated NP position in Western Australia and those working in three area health services in New South Wales (NSW) were invited to recruit five consecutive clients to complete the self-administered survey.

Results: Thirty two NPs (NP response rate 93%) recruited 129 clients (client response rate 90%). Two thirds of clients (63%) were aware they were consulting an NP. The majority rated the following NP related outcomes as 'excellent' or 'very good': education provided (89%); quality of care (95%); and knowledge and skill (93%). Less than half reported an understanding that NPs could prescribe medications (40.5%) or interpret X-rays (33.6%). Clients of NPs practising in a rural or remote setting were more likely than those in an urban setting to have previously consulted an NP ($p=0.005$), and where applicable would to prefer to see a NP rather than a doctor ($p=0.022$).

Discussion: Successful implementation and expansion of the NP role requires NP visibility in the community. Despite high levels of satisfaction more awareness of the scope of the NP role is required.

Abstract Word Count: 231 words

Key words: Nurse Practitioner; evaluation; patient satisfaction; outcomes.

Key Question Summary

What is known about your topic?

The role of NPs in Australian health care is diverse and evolving. There is a dearth of research focusing on NPs, particularly looking at the client perception of their role.

What does this paper add?

This study investigates the client's perception of the role of NPs and levels of confidence and satisfaction through the use of a self administered questionnaire. This information has not been previously been published in Australia.

What are the implications for practitioners?

The results suggest that clients have a moderate awareness of the NP role. Despite this, clients appear to have high levels of confidence and satisfaction after consultations with NPs. Many clients also perceive an ambiguity around the specific tasks included in the NP scope of practice. These results suggest that a greater community awareness of the NP role may help maximize their positive contribution to healthcare in Australia.

Career pathways for nurses in Australia recently have been expanded to create the role of Nurse Practitioner (NP). A NP is a registered nurse who works in a specialist or generalist capacity within a multidisciplinary team with a role that includes autonomous assessment and management of clients.^{1, 2} Unlike other nursing roles, the NP role incorporates prescribing designated medications, ordering diagnostic procedures and referring patients to other health care professionals.^{1, 2} The care provided by NPs is different to care provided by medical practitioners and other clinicians.² The NP role compliments and overlaps existing health care service practices and can influence the organisational care processes.^{3, 4} In a collaborative environment, patient care is shared between the NP and the medical practitioner on the basis of knowledge and expertise.^{5, 6} However, the continuing growth of the NP role is contingent upon political and economic factors as well as their perception and visibility in the community.⁷

Internationally, the generalisation of the term NP and the lack of uniformity of the NP scope of practice makes it difficult to compare results from NP research.⁸ The majority of research examining the NP role has focused on comparing NP care with that provided by medical practitioners.⁹ A meta-analysis of 11 international randomised control trials and 23 observational studies provided Level 1 evidence that NP care is safe, feasible and effective.^{10, 11} Nine of these studies specifically examined patient satisfaction in a primary healthcare setting demonstrating that

patients are more satisfied with care provided by NPs when compared with care provided by GPs. This meta-analysis also showed that NPs have longer consultations with clients and order more investigations than GPs, whilst there was no difference between the two clinician types for prescription and referral patterns or health status outcome.¹⁰ A similar result was obtained in an earlier Cochrane review (2004), however, both reviews were not centred exclusively on the NP role as they included nurses working in other advanced practice roles.¹¹

Previous studies examining the effectiveness of the NP role have commonly only evaluated the overlap in the spectrum of care provided between NPs and doctors. However, the majority of the care provided by these professions is intended to be complimentary and hence not directly comparable.⁹ Research centred exclusively on the NP role is warranted.

NP care has been shown to be especially efficacious in certain settings such as chronic disease, specifically, managing conditions such as hypertension, diabetes mellitus and preventive care.¹² Research indicates patient satisfaction is higher when chronic disease management is provided by NPs.¹² NPs offer effective care in the rural or remote setting, as high levels of autonomy are essential to provide adequate health services where medical support is limited.¹³ Additionally, NPs provide holistic care to vulnerable populations subject to social exclusion and various other deprivations associated with low socio-economic status.¹³ Given the wide geographical distribution of prospective clients in

Australia, and the state of indigenous health, further developments of the NP role in Australia would be timely.⁷

Research findings about clients' understanding of the role of NPs are limited. Previous research indicates that a lack of public knowledge and understanding of NP practice are perceived by NPs as the most salient barriers preventing their effective practice.¹⁴ Whether clients are able to differentiate between the role of the NP and that of the registered nurse is unclear. Thus, clients' ability to make informed choices to actively consult a NP may be limited by their lack of understanding of the role and, in Australia, the recent inception of the NP role. Our study aimed to evaluate clients' understanding of the role of NPs and to evaluate clients' satisfaction with the education received, the quality of care and provider knowledge and skill.

METHOD

Nurse Practitioner Recruitment

All endorsed/authorised NPs (herein referred to as authorised) working in a designated NP position in all health services in Western Australia and those working in three area health services in New South Wales (NSW), namely, Sydney South West Area Health Service, Hunter New England Area Health Service; & Northern Sydney & Central Coast Health Service were invited to participate. Financial constraints precluded from us inviting all NPs in NSW to participate in the study. Therefore, we included the three health services with

most practicing NPs. Authorised NPs working solely with culturally and linguistically diverse clients (CALD) or solely with paediatrics clients were excluded.

Eligible NPs were e-mailed a NP study information sheet and a NP consent form. NPs were asked to recruit five consecutive clients to participate in the survey. Consenting NPs then were sent a package for each of their clients, consisting of a client information statement, a questionnaire and a reply paid envelope. NP non-responders were followed up by telephone at two and four weeks.

Client Recruitment

Using a recruitment script provided by the researchers, NPs recruited five consecutive, consenting clients. Clients, who were under the age of 18, unable to give informed consent, too ill to participate, had no fixed abode or phone number and those with an inadequate ability in English to complete a questionnaire were excluded. Consenting clients were asked to complete the questionnaire and return it in a provided reply-paid envelope directly to the researchers. Non-responders were followed up by letter after two weeks and by telephone after four weeks.

Instrument

A panel of experienced researchers involved in prior NP research developed the tool which was reviewed by practicing NPs for face validity.

Our 15-page, 47-question, self-administered questionnaire firstly asked the clients about their demographic details (eight questions). The second section asked clients about their general health (three questions). The third section asked about the client's awareness of the NP role (two questions) including one question about the '*position description that most accurately described the type of nurse*' who provided their care. Using a five point Likert scale ('strongly agree' to 'strongly disagree'), clients were asked about their understanding of the difference between the NP role and the role of other nurses and doctors (four questions). Clients then were asked about their preference, where applicable, to consult a NP rather than a doctor (one question). Next, seven nursing tasks were listed. Clients were asked to indicate whether they believed NPs were able to perform these tasks ('yes', 'no' or 'unsure') (seven questions). A prompt then informed the clients that they had consulted a NP that day and they were asked not to retrospectively alter their previous responses.

The fourth section of our questionnaire asked clients about their frequency of NP consultation, intention to consult a NP that day, the means of referral to the NP and the duration of the waiting period for an appointment (six questions). The final section was informed by results from the NSW NP scoring survey.¹⁵ In that

30 NSW NPs and asked them to score from a list provided, which items they considered 'essential' for inclusion to measure client outcomes of care. All (100%) of NPs stated the following items of client satisfaction were essential: client satisfaction with patient education/teaching; client satisfaction with quality of care received; and client satisfaction with provider knowledge and skill.¹⁵ Hence our questionnaire included these three items as described in full below. Clients were asked to rate their satisfaction with the NP consultation on nine outcomes, namely, satisfaction with: treatment; their ongoing plan of care; the NP's demonstration of knowledge and skill; education provided by the NP; satisfaction of client expectations; client's 'comfort' with NP care; the overall quality of care; overall satisfaction and finally the outcome of the consultation (nine questions). Next, a five point Likert scale ('strongly agree' to 'strongly disagree', with an additional 'not applicable' column) was used to measure client confidence with: NP care; NP provision of information; NP interpretation of results; level of client involvement; whether they would consult a NP again; and whether they would recommend NPs to family and friends (seven questions).

Ethical clearance was obtained from the following Human Research Ethics Committees: ACU National; Perth South Metropolitan Health Service, Western Australia Country Health Service, Joondalup Private Health Campus in Western Australia; and Hunter New England Health, Sydney South West Area Health Service, Northern Sydney and Central Coast Health Lower Hunter Health Service in NSW.

Data Analysis

Data were analysed using SPSS (Version 14.0). Frequencies for each variable were determined. Chi square tests were used to examine significant differences between clients consulting NPs in a rural/remote or an urban area. Chi square tests also were undertaken to determine any association between general health status ('excellent' and 'very good' versus rest) and clients 'rating of quality of care', ('excellent' and 'very good' versus rest); clients 'rating of overall satisfaction with care' ('highly satisfied' and 'satisfied' versus rest); and clients 'rating of confidence with the information provided by the NP about their condition' ('strongly agree' and 'agree' versus rest).

The seven category Rural, Remote and Metropolitan Area Index (RRMA) was used to classify the location of the NP's practice.¹⁶ NPs whose practice was located in a 'capital city' or 'other metropolitan centre (population \geq 100 000)' were classified as practicing in an urban setting. NPs whose practice was located in a 'larger rural centre (population 25 000 to 100 000)', a 'smaller rural centre (population 10 000 to 25 000)', a 'remote area (population 5 000 to 10 000)' or an 'other remote area (population $<$ 5 000)' were classified as practicing in a rural or remote setting.

RESULTS

There were a total of 47 authorised NPs working in WA and the three participating NSW Area Health Services at the time of our survey. Twelve NPs were ineligible as follows: extended/maternity leave (n=6); child/teenage clients (n=4); solely CALD clients (n=1); or not working as a NP (n=1). Overall, 32 of the eligible 35 NPs participated (91% response rate). By state, 19 NPs participated from NSW and three refused (86% NSW response rate) and all 13 NPs participated from WA (100% WA response rate). Participating NPs represented a variety of specialities as follows: emergency services (n=7); diabetes (n=5); community health (n=4); renal services (n=2); women's health (n=2); neurosurgery (n=2); remote areas nurses (n=2); mental health (n=2); wound management (n=1), liver services (n=1), haematology (n=1), pain management (n=1), oncology (n=1) and palliative care (n=1).

NPs consented 129 clients (NSW n=82; WA n=47), and of these, 116 questionnaires were returned (90% response rate). Of the clients surveyed, 40% were aged 56 years and over (n=46) and the majority were female (n=66, 57%). There were 13 Aboriginal and Torres Strait Islander participants (11%). The majority of clients were 'married/living as married' (n=76, 66%). Half of clients had a obtained the Higher School Certificate or received a tertiary education (n=57, 49%). The majority of clients were born in Australia (n=89, 77%) with English as the main language spoken at home (n=112, 97%). Half the clients

resided in a capital city (n=58, 50%), however a further quarter of clients lived in a remote area or other remote setting with a population of 10 000 or less (n=28, 24%) (Table 1).

A third of clients considered themselves to be in 'excellent' or 'very good' health (n=34, 29%), and almost half rated their health as 'about the same as one year ago' (n=55, 47%). The majority also had a regular GP (n=99, 85%) (Table 2).

Prior to being informed of their nurse's NP status

Nearly two thirds of clients (n=73, 63%) accurately identified that the position description that '*most accurately described*' the nurse consulted was a NP. A further 34 clients (30%) reported that the position description that '*most accurately described*' the nurse consulted was a registered nurse (RN), clinical nurse specialist (CNS) or clinical nurse consultant (CNC). The majority (n=75, 65%) previously had heard of NPs (Table 3).

Again, prior to being informed of their nurse's NP status, 13 clients 'agreed' or 'strongly agreed' that '*there is no difference between the care a NP can provide and the care other nurses can provide*' (n=13, 11%). Less than one fifth of clients 'agreed' or 'strongly agreed' that '*there is no difference between the care a NP can provide and the care a doctor can provide*' (n=18, 16%).

Three quarters of clients 'strongly agreed' or 'agreed' that '*NPs undergo specialist education courses or assessments*' (n=87, 75%), whilst over two thirds of clients 'disagreed' or 'strongly disagreed' that '*any nurse in Australia can call themselves a NP*' (n=89, 77%). Finally, 46% (n=52) 'strongly agreed' or 'agreed' that '*when applicable, I would prefer to see a NP rather than a doctor*', whilst 25% (n=26) were 'not sure' (Table 4).

The majority of clients believed NPs could take blood pressures readings (n=107, 92%), provide referrals to other doctors (n=98, 86%) and order tests (n=76, 67%). Less than half of clients reported that NPs could prescribe medications (n=47, 44%), issue a medical certificate (n=45, 40%), interpret X-rays (n=39, 35%) or provide a general anaesthetic (n=19, 16%). Of note, between 2% and 43% of clients selected 'unsure' when asked if NPs could take blood pressure readings, give referrals to doctors, order tests, prescribe medications, issue medical certificates, interpret x-rays and give a general anaesthetic (Table 5).

After being informed of their nurse's NP status

Clients then were informed in the survey that they had consulted a NP that day. As previously stated, at this point in the questionnaire, clients were asked not to alter their responses in light of this information. Approximately half the clients had intended to consult a NP that day (n=62, 53%), and 56% (n=65) had not needed to make an appointment. Half of the clients had previously consulted a NP (n=58,

50%), and the majority of these had consulted a NP one to four times in the last year (n=24, 41%). Only a quarter of clients had had a member of their immediate family consult a NP before (n=28, 24%). Medical specialists referred 17% of clients (n=20), whilst GPs referred a further 11% of clients (n=13) (Table 3).

Most clients rated their level of satisfaction with the treatment of their most pressing health need as 'highly satisfied' (n=89, 77%). The majority rated their ongoing plan of care as 'highly relevant' or 'very relevant' (n=92, 79%) and the knowledge and skill demonstrated by the NP relevant to their condition as 'excellent' or 'very good' (n=108, 93%). Education provided by the NP regarding their condition was rated as 'excellent' or 'very good' by 89% of clients (n=103). Further, the majority of clients rated their satisfaction of expectations as 'fully met' (n=103, 89%), their level of comfort as 'extremely comfortable' or 'comfortable' (n=110, 95%), their rating of the quality of care as 'excellent' or 'very good' (n=110, 95%) and their overall satisfaction with the care as 'highly satisfied' or 'satisfied' (n=112, 97%).

There were no associations between clients' perceived general health status ('excellent' and 'very good' versus rest) and clients 'rating of quality of care' ('excellent' and 'very good' versus rest) ($\chi^2_1=0.049$, P=1.00 Fischers Exact Test); clients 'rating of overall satisfaction with care' ('highly satisfied' and 'satisfied' versus rest) ($\chi^2_1=0.037$, P=1.00 Fischers Exact Test); and clients rating of

confidence with the information provided by the NP about their condition'

('strongly agree' and 'agree' versus rest) ($\chi^2_1=0.32$ P=1.000 Fischers Exact Test).

For half of clients (n=58, 50%), the outcome of the consultation was that the issue/problem required further visits to the NP, whilst a quarter (n=29, 25%) had the issue/problem resolved at that time (Table 6).

Overall, it appears that clients are confident in the care provided by NPs. The majority of clients 'strongly agreed' or 'agreed' with the statements: '*I feel confident with the care provided by the NP*' (n=111, 96%); '*my family will feel confident with the care provided to me by the NP*' (n=98, 85%) and '*I feel confident with the information provided by the NP about my condition*' (n=112, 97%). Further, the majority of clients 'strongly agreed' or 'agreed' with the statements: '*I feel confident when the NP interprets the results of my tests*' (n=97, 84%), '*the NP involved me in my care*' (n=107, 92%); '*I would see a NP again*' (n=112, 97%), and '*I would recommend NPs to my family and friends*' (n=104, 90%) (Table 7).

Clients of NPs practicing in a rural or remote setting were more likely to 'agree' and 'strongly agree' (60%) that '*when applicable I would prefer to see a NP rather than a doctor*' than clients of NPs practicing in an urban setting (38%) (p=0.022). Clients of NPs practicing in a rural or remote setting were significantly more likely to have '*seen a NP before*' (67%) when compared to clients of NPs

practicing in an urban setting (40%) ($p=0.005$). Clients of NPs practicing in a rural or remote setting also were significantly more likely to report that someone else in their immediate family had consulted a NP (48%) when compared with urban clients (11%) ($p<0.001$).

DISCUSSION

NP's personalised treatment and greater level of patient communication is acknowledged positively by clients.^{17, 18} However, awareness and full understanding of the NP role is crucial for informed patient choices.

Encouragingly, our sample included 11% ATSI clients and 24% from a remote area or other remote area; clients often difficult to access in surveys. In comparison to the participant demographics for patients visiting GPs found in the BEACH GP Series 22, 2007-2008 data¹⁹ it appears our sample had a typical sex distribution, with females accounting for a greater proportion of consultations (57% in both the present study and 57% in the BEACH study). However our sample had a greater percentage of ATSI clients (11% compared to 1% in the BEACH study), and fewer participants from a non-English speaking background (3% compared to 11% in the BEACH study). Age distribution comparisons were difficult to draw, due to differences in category parameters and the inclusion of participants less than eighteen years of age in the BEACH study.¹⁹

Emergency services was the most highly represented specialty (n=7, 22%).

Whilst 63% of clients were aware that they had consulted a NP that day (prior to being informed of this), there was confusion about whether the position description that most accurately described the nurse consulted was RN, CNS or CNC. The inability of clients to differentiate between different levels of registered nurse (ie RN, CNS, CNC) is not unexpected nor unreasonable, however, clients' need to distinguish a NP from other nursing roles to be fully informed of services NPs can provide.

Interestingly, 65% of clients previously had heard of NPs. Almost two thirds of clients had intended to consult an NP that day (n=62, 63%) Prior to being informed of their nurse's NP status, almost two thirds of clients (n=74, 64%) 'disagreed' or 'strongly disagreed' that *'there is no difference between the care a NP can provide and the care a doctor can provide'*, suggesting that a third of clients are poorly informed about the NP role. Further, only three quarters of clients (n=87, 75%) reported that NPs undergo specialist education courses and assessment.

There was some confusion amongst clients about the specific tasks that comprise the NP scope of practice. To reiterate, prior to being informed of their nurses' NP status, a majority of clients acknowledged that NPs could take blood pressure readings (92%), refer to doctors (85%) and order tests (66%). However, less than half the clients reported NPs could prescribe medications (n=47, 41%);

one of the key roles of the NP. While 48.3% of clients were aware that NPs could not give a general anaesthetic, a further 33.6% were 'unsure'. Interestingly, 39% of clients reported the NP could issue a medical certificate; which, to date, they are not able to do. The highest percentage of uncertainty ('unsure' n=50, 43%) was reported for NPs ability to interpret x-rays. The large percentage of clients reporting 'unsure' for these tasks (range 2% to 43%) was of concern. These results suggest a lack of client understanding of the NP scope of practice.

The responses were overwhelmingly positive on all items of client satisfaction and confidence in the care provided by NPs. Greater than 95% of clients 'strongly agreed' or 'agreed' that they felt confident that with the care provided by the NP. Almost 90% rated the education provided by the NP as 'excellent' or 'very good' (n=103), 95% rated the quality of care provided by the NP as 'excellent' or 'very good' (n=110) and 93% rated the knowledge and skill demonstrated by the NP as 'excellent' or 'very good' (n=108). Of note, clients rating of the quality of their care, their overall satisfaction with care and their confidence with information provided did not differ by their self described health status.

Whilst we note the excellent response rate from both NPs and clients, results must be interpreted with caution. Firstly, our study employed a sample limited to one state and three Area Health Services within another state. Also, the validity of making a broad assessment of the NP profession when roles, scope of

practice and settings are very diverse and NP numbers are small, is uncertain. Further, we acknowledge the possibility of selection bias with NPs approaching consenting patients, however they were asked to recruit consecutive clients in an effort to minimize this bias.

In summary, despite high levels of confidence and satisfaction after consultations with NPs, clients perceive an ambiguity around the specific tasks included in the NP scope of practice. This uncertainty may reduce the likelihood of a client independently choosing to consult a NP. Indeed only 63% of clients had intended to consult a NP on the day of their visit. The growth of the NP positions could be boosted in the community by making their role less ambiguous.⁷ Results from our study indicate that despite high levels of client satisfaction and confidence when informed they had consulted a NP, there was only a moderate level of client awareness by clients of the NP role and a lack of awareness of the NP scope of practice. Further research into clients' understandings of NPs role is pertinent as the success of the current expansion of the NP role in Australia is not only contingent upon the professional efficacy of the role, but also upon its positive visibility within the community.

Table 1: Demographic Characteristics of Clients (n=116)

	n	%
Age (n=115)		
18-25	4	3
26-35	20	17
36-45	18	16
46-55	27	24
56-65	24	21
66 years and over	22	19
Sex (n=115)		
Male	49	43
Female	66	57
Aboriginal or TSI Status (n=114)		
Yes	13	11
No	101	89
Marital Status (n=115)		
Never married	17	15
Married / living as married	76	66
Widowed	5	4
Divorced / separated	17	15
Level of Education (n=114)		
Did not complete primary school	4	4
Primary school only	7	6
No Intermediate or School Certificate	13	11
Intermediate or School Certificate	33	29
Leaving or Higher School Certificate	16	14
University, TAFE or College	41	36
Birthplace		
Australia	89	77
Other	27	23
Main language spoken at home		
English	112	97
Other	4	3
Residence (n=115)		
Capital city	58	51
Other metropolitan centre (pop ≥ 100,000)	15	13
Larger rural centre (pop 25,000 - 100,000)	6	5
Smaller rural centre (pop 10,000 – 25,000)	8	7
Remote area (pop 5,000 – 10,000)	4	3
Other remote area (pop < 5,000)	24	21

Table 2: Clients' General Health (n=116)

	n	%
General Health		
Excellent	9	7
Very good	25	22
Good	41	35
Fair	31	27
Poor	10	9
Comparison		
Much better now than one year ago	18	16
Somewhat better now than one year ago	15	13
About the same as one year ago	55	47
Somewhat worse than one year ago	22	19
Much worse than one year ago	6	5
Regular GP (n=115)		
Yes	99	86
No	16	14

Table 3: Awareness of NP position (n=116)

	n	%
Perceived position description of nurse consulted* (n=115)		
Registered Nurse	15	13
Clinical Nurse Specialist	11	10
Clinical Nurse Consultant	8	7
Enrolled Nurse	1	1
Nurse Practitioner	73	63
Nurse Unit Manager	3	3
Unsure	4	3
Had the client heard of NPs* (n=115)		
Yes	75	65
No	30	26
Unsure	10	9
Intended to consult a NP on this visit# (n=113)		
Yes	62	55
No	38	34
Unsure	13	11
Waiting period for appointment with NP# (n=112)		
No appointment necessary	65	58
Less than 24 hours	10	9
Two – three days	6	5
Four – seven days	4	4
More than one week	14	13
Not applicable	13	11
Previous consultation with NP#		
Yes	58	50
No	45	39
Unsure	13	11
Number of NP consultations within the last 12 months (n=58)#		
Nil	2	4
1-4 times	24	41
5-9 times	10	17
10-14 times	9	16
15 or more times	13	22
Had a member of their immediate family ever consulted a NP#		
Yes	28	24
No	52	45
Unsure	36	31
Means of referral to NP# (n=111)		
Another Nurse Practitioner	2	2
An Allied Health Professional	1	1
Another nurse	10	9
A General Practitioner	13	12
A medical specialist	20	18
A family member or friend	7	6
I was not referred to the Nurse Practitioner	58	52

* Prior to being informed they had consulted a NP that day

After being informed they had consulted a NP that day

Table 4: Understandings of NP's role (n=116)*

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
	n(%)	n(%)	n(%)	n(%)	n(%)
There is no difference between the care a NP can provide and the care other nurses can provide (n=115)	7 (6)	6 (5)	28 (24)	48 (42)	26 (23)
There is no difference between the care a NP can provide and the care a doctor can provide (n=112)	7 (6)	11 (10)	22 (20)	58 (52)	14 (12)
NPs undergo specialist education courses or assessments	36 (31)	51 (44)	24 (20)	2 (2)	3 (3)
Any nurse in Australia can call themselves a NP (n=114)	3 (3)	2 (2)	20 (18)	40 (35)	49 (42)
When applicable, I would prefer to see a NP rather than a doctor (n=113)	21 (19)	31 (27)	29 (26)	24 (21)	8 (7)

* Prior to being informed that had consulted an NP that day

Table 5: Clients' understanding of tasks NPs are able to undertake (n=116)*

	Yes	No	Unsure
	n(%)	n(%)	n(%)
Taking blood pressure readings	107 (92)	7 (6)	2 (2)
Referrals to doctors (n=114)	98 (86)	4 (3)	12 (11)
Ordering tests (n=113)	76 (67)	14 (12)	23 (21)
Prescribing medications (n=108)	47 (44)	36 (33)	28 (13)
Issuing medical certificates (n=113)	45 (40)	27 (24)	41 (36)
Interpreting X-rays (n=113)	39 (35)	24 (21)	50 (44)
Giving a general anaesthetic (n=114)	19 (16)	56 (49)	39 (35)

* Prior to being informed that had consulted an NP that day

Table 6: Client satisfaction with care provided by NP (n=116) [#]

	n	%
Treatment of most pressing health need (n=114)		
Highly satisfied	89	78
Satisfied	21	18
Neither satisfied nor unsatisfied	2	2
Unsatisfied	1	1
Highly unsatisfied	1	1
Rating of ongoing plan of care (n=114)		
Highly relevant	64	56
Very relevant	28	25
Relevant	17	16
Mostly not relevant	2	2
Not relevant at all	1	1
Not applicable	2	2
Knowledge and skill demonstrated by NP relevant to condition		
Excellent	86	74
Very good	22	18
Good	3	3
Fair	3	3
Poor	2	2
Education provided by NP regarding condition		
Excellent	71	60
Very good	32	28
Good	9	8
Fair	2	2
Poor	1	1
Not Applicable	1	1
Satisfaction of expectations		
Fully met	103	89
Partly met	8	7
Not met	0	0
Unsure	1	1
I had no expectations	4	3
Level of comfort with NP care		
Extremely comfortable	89	77
Comfortable	21	18
Unsure	4	3
Uncomfortable	1	1
Extremely uncomfortable	1	1
Rating of quality of care		
Excellent	87	75
Very good	23	20
Good	4	3
Fair	1	1
Poor	1	1

Table 6: Client satisfaction with care provided by NP (n=116) (continued) [#]

Rating of overall satisfaction with care

Highly satisfied	87	75
Satisfied	25	22
Neither satisfied or unsatisfied	3	3
Unsatisfied	1	1
Highly unsatisfied	0	0

Outcome of NP visit (n=115)

Issue/problem resolved	29	25
Issue/problem requiring further visits with Nurse Practitioner	58	50
Referral to other health professional given	21	19
Other	7	6

[#] After being informed they had consulted an NP that day

Table 7: Client confidence in NP care (n=116) #

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
I feel confident with the care provided by NP	77 (66)	34 (29)	3 (3)	2 (2)	0	0
My family will feel confident with the care provided to me by NP	60 (52)	38 (33)	9 (8)	0	1 (1)	8 (7)
I feel confident with the information provided by the NP about my condition	70 (60)	42 (36)	3 (3)	0	0	1 (1)
I feel confident when the NP interprets the results of my tests	62 (53)	35 (30)	6 (5)	1 (1)	2 (2)	10 (9)
The NP involved me in my care	70 (60)	37 (32)	5 (4)	1 (1)	1 (1)	2 (2)
I would see a NP again	82 (71)	30 (26)	4 (3)	0	0	0
I would recommend NPs to family and friends	76 (66)	28 (24)	10 (9)	0	0	2 (2)

After being informed they had consulted an NP that day

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